

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

117, 293

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						